

This form is used for reporting smear-confirmed cases of malaria to the National Malaria Surveillance System. Completed forms should be sent to the attention of malaria surveillance at the address at the top of the form.

Completing the form:

A blank space (1) has been provided for states that assign their own case numbers. The spaces for DASH number (2; an internal CDC laboratory number) and the CDC case number (3) should be left blank. In addition, states that classify cases by the reporting county now have a space (4) for that information.

Patient name (5) should be provided, if allowed by local patient confidentiality regulations. No personal identifiers are used in the reporting of the surveillance summary. Because we often receive more than one report on a malaria case, names are useful to remove duplicate reports. If names are not permissible, then the patient's initials or birth date would be helpful.

Date of symptom onset of **this** attack (6). Previous attacks of malaria are reported in space 31 below.

Physician name and telephone number (7).

Age (8) in years or months.

Sex (9) Male or female

Date of birth (10) will help identify duplicate cases if patient name or other identifiers have not been provided.

Is patient pregnant? (11) An attack of malaria in a pregnant woman may be more severe than in a non-pregnant woman. In addition, therapy recommendations may be different.

Race/ethnicity (12). Please note that Asian/ Pacific Islander includes residents of the Indian subcontinent (India, Pakistan, Nepal, etc.)

Lab results (13). CDC defines a case of malaria as any smear positive malaria diagnosed within the United States. Please report all smear-confirmed cases, even if other surveillance information is not available.

Please note: A person with only an overseas diagnosis, not confirmed in the United States by malaria smear, is not considered a U.S. case.

State/territory reporting this case (14).

Patient admitted to hospital (15).

Hospital name (16). Please include the hospital name even if the patient was not admitted, ie an ER visit only.

Date of admission (mm/dd/yy) (17)

Hospital record number (18)

Laboratory name and telephone number (19)

Specimens being sent to CDC? (20) This information allows CDC to coordinate our laboratory results with the surveillance form.

Has patient traveled or lived outside the USA during the past 4 years? (21)

If yes, specify country (22). Please include all countries of travel. If the specific countries are unknown, then the region of the world may be used, ie southern Africa, Central America, etc.

Date returned/arrived in US (23) for each episode of travel.

Duration of stay in foreign country (days). (24)

Did patient reside in U.S. prior to most recent travel? (25) Note this question has changed from previous editions.

If the patient resided in the U.S. for 12 months or more before travel outside of the U.S. check **A**.

If the patient resided in the U.S. before travel, but had lived in the U.S. less than 12 months before their travel, check **B**.

If the patient has not resided in the U.S. before traveling to the U.S., check **C** and specify the country of residence.

Check **D** if this information is not available.

Principal reason for travel from/to the U.S. for most recent trip (26). Note: These categories apply to U.S. residents traveling overseas and to non-U.S. residents arriving in the U.S.

Check **tourism** if the travel was primarily for pleasure.

Check **military** if the traveler was either in the U.S. military and stationed overseas or a member of a foreign military while traveling to the U.S.

Check **business** if travel was primarily business related, ie oil companies, archeologists, etc.

Check **Peace Corps** if the traveler was a member of the Peace Corps while overseas.

Check **visiting friends/relatives** if the travel overseas was primarily for family reasons, ie funeral, holidays, etc.

Check **airline/ship crew** if the patient traveled overseas while flight or ship's crew.

Check **missionary or dependent** if the traveler or a family member was traveling for missionary purposes.

Check **refugee/immigrant** if the traveler was intending to establish residency in the U.S.

Check **student/teacher** if the travel was primarily for educational purposes.

Was malaria chemoprophylaxis taken? (27) Was an antimalarial drug taken for this trip? (Do **not** include treatment drugs used for this attack of malaria.)

The questions on chemoprophylaxis are useful for determining compliance and the reasons for non-compliance with CDC antimalarial recommendations.

If yes, which drugs were taken? (28) Please check all drug and drug combinations that apply.

Were all pills taken as prescribed? (29)

Check A if all pills were taken as prescribed.

Check B if one or more doses were missed, but only a few.

Check C if several doses were missed, but less than half the doses were missed.

Check D if the patient missed half or more of their doses.

Check E if the patient reports missed doses, but is unclear on how many doses were missed.

Check F if dosing information is not available.

If doses were missed, what was the reason? (30)

History of malaria in last 12 months (prior to this report)? (31) Check yes if malaria was diagnosed either overseas or in the U. S. in the past year.

Blood transfusion or organ transplant within the last 12 months? (32) Do not check yes if the transfusion was used to treat **this** attack of malaria. That information should be included under therapy for this attack (35) Information about previous transfusions is used to identify possible transfusion-related malaria, especially among patients with no history of foreign travel.

Clinical complications for this attack. (33) Check all that apply.

Was illness fatal? (34) If yes, date of death: mm/dd/yy

Therapy for this attack (35)

Person submitting report (36) Please print this information.

For CDC Use Only. Classification (37) Please do not write on this line

The back of the form contains useful telephone numbers for contacting the Malaria Epidemiology Branch for treatment and prevention information.

If you have any questions or concerns about completing this form, please call CDC, Malaria Epidemiology Branch at 770-488-7788 (8am -4:30pm, eastern time).